

Name/ Age
Date
Type of Review
LOC Requested/Referral Source/Diversion Considered
Facility
Commitment Status
Legal Guardians/Were releases signed?
PCP

Identifying Information/Who Accompanied Child

Presenting Problem/Current Mental Status/Cognitive Functioning/Assessment of Dangerousness

Substance Abuse History/Dual Diagnosis Assessment (MISA)

Medical Status/Clearance

Current/History Psychiatric Treatment/Medications/Case Management/FB/BHRS

Legal Status/CYF involvement/Out of Home Placement

Educational Status/School and Grade

Potential Disposition Issues (Can child return home or to current placement at d/c?)

Admitting Diagnosis, per current DSM TR Manual:

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

Documentation of Specific Medical Necessity Criteria Used and Met

Authorization with # of Day